

COUNTY OF MOORE

APPLICATION FOR EMPLOYMENT



ATTENTION

PLEASE READ CAREFULLY.....

All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is IMPORTANT that you answer all questions on your application fully and accurately. Give complete information on your education and work history. (DO NOT PUT "SEE RESUME" UNDER EDUCATION OR WORK HISTORY).

If an item does not apply to you, or if there is no information to be given, please write letters "N.A." for Not Applicable.

This record will be strictly confidential and the exclusive property of the County of Moore, North Carolina. We are an Equal Employment Opportunity Employer.

DATE _____

POSITION (S) APPLIED FOR 1. _____

2. _____

3. _____

NAME _____
(First) (Middle) (Last)

SOCIAL SECURITY NUMBER _____

**MOORE COUNTY PERSONNEL
(910) 947-6362
P. O. BOX 905
CARTHAGE, NORTH CAROLINA 28327**

PERSONAL DATA

PART I:

1. Name:

(First)

(Middle)

(Last)

2. Phone Number:

Home:

()

Office:

()

3. Social Security Number:

4. Address of Residence:

(Number and Street or Route)

(City)

(County)

(State)

(Zip Code)

5. Mailing address, if different from above:

EDUCATION AND TRAINING

PART II:

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 GED COLLEGE 1 2 3 4 GRADUATE SCHOOL 1 2 3 4

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED		GRADUATE (Y/N)	S/Q HOURS	MAJOR OR MINOR FIELD OF STUDY	TYPE OF DIPLOMA / DEGREE
		From Mo. Yr.	To Mo. Yr.				
HIGH SCHOOL							
COLLEGE OR UNIVERSITY							
TECHNICAL INSTITUTIONS OR SCHOOLS							
OTHER BUSINESS TRADE, MILITARY, ETC.							

Special qualifications and skills (licenses, skills with machines, publications, public speaking, memberships in professional associations).

SKILLS:

Check the following skills, experience, etc., which you have:

☐ Drivers license

Number & State

☐ CDL

Number & State

☐ Typing (Specify WPM)

☐ Foreign language

☐ Other

☐ Car for use at work

☐ Adding machine/calculator

☐ Word Processing Skills

☐ Computer Skills

☐ Legal transcription

☐ Medical transcription

☐ Sign language

☐ Braille skills

WORK HISTORY PART III:

In the space provided below give your employment history, beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. If additional space is required, please attach additional sheets using the same format.

Current or Last Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						
Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						
Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						
Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						

MILITARY SERVICE PART IV:

1. Males subject to Military Selective Service registration must certify compliance to be eligible for County Employment (G.S. 143b-421.1). If subject to Military Service registration, certify compliance by initialing dotted line.....
2. Have you ever served in the U.S. Armed Forces? _____ YES _____ NO
3. Are you a member of the Military Reserves? _____ YES _____ NO
4. Branch of Service 5. Active Duty 6. Rank upon separation/discharge
From _____ To _____
7. Type of Separation/discharge _____

PART V:

	YES	NO
1. Have you ever made an application with the County of Moore?		
2. Have you ever been employed by the County of Moore? Give dates, department and your name, if different at that time, in Part VI.		
3. Are you related by blood or marriage to any person now employed by the County of Moore? If "yes," give name, relationship, and department where employed in Part VI.		
4. Have you ever been dismissed or forced to resign from any position? Give complete details in Part VI.		
5. Have you ever been convicted of an offense against the law or are you now under charges for any offenses against the law? If your answer is "yes", explain in Part VI. NOTE: A conviction does not automatically mean that you cannot be considered for employment with the County.		
6. If requested and as required for employment, I agree to submit to testing for substance abuse.		
7. Check type of work you will accept: <div style="display: flex; justify-content: space-between; padding: 0 10px;"> _____ Full-Time _____ Part-Time _____ Temporary _____ Any of the proceeding </div>		

PART VI:

Space for detailed answers. Indicate item number to which answers apply.	
ITEM NO.	DETAILS

PART VII:

List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. DO NOT repeat names of supervisors listed under Part III, WORK HISTORY.

NAME	ADDRESS AND PHONE NUMBER	BUSINESS OR OCCUPATION

PART VIII:

DECLARATION OF APPLICANT:

I certify that I have given true and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information, may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1).

Signature of Applicant (unsigned applications will not be processed)

Date

THANKS FOR YOUR APPLICATION

EQUAL OPPORTUNITY PLEDGE

The County is an Equal Opportunity Employer. Through its affirmative plans, the County reaffirms its commitment to equality of opportunity and pledges that it will not practice or permit discrimination in employment on the basis of race, color, religion, sex, national origin or disability. Moreover, the County complies with all applicable legislation prohibiting age discrimination (40-64) in employment.

The County of Moore appreciates your interest in employment. We intend to make your visit with us as pleasant as possible and to

Many persons apply each year. Thus, it is not always possible to spend as much time with each applicant as we would like.

AFFIRMATIVE ACTION

Please review the "Equal Opportunity Pledge" at the top of this page.

This important policy reflects our dedication to the idea that all applicants and all members of the County staff must receive equal

The County's affirmative action plans assure equality of opportunity in all aspects of employment.

The County promises it does not discriminate against any applicant or employee because of race, color, religion, sex, national origin or disability. Moreover, County policy prohibits age discrimination as provided in law. Special efforts are made to employ veterans.

EMPLOYMENT STANDARDS

The County selects an applicant based on his or her qualifications and the requirements and essential functions for a particular job.

YOUR APPLICATION

Your application receives careful consideration. Work history, proven skills and other relevant factors are evaluated thoroughly.

This document is our chief source of information for referring you to departments with job openings. Normally, interviews are arranged only after applications have been reviewed. It is not possible to interview all applicants. Therefore, it is necessary that you clearly and completely state your interests and qualifications on your application form. Please complete it carefully. Add any information you think may be helpful.

Please indicate the specific job or kinds of work you prefer so we may give you appropriate consideration. It is not possible to review

The County has many departments and it takes time for them and Personnel to communicate. Thus, do not be disappointed if you do

ACTIVE APPLICATIONS

Applications remain in active status for six months following the date of application and, thereafter, in an inactive status for a period of 18 additional months. An applicant who wishes to have an application either remain in active status beyond six months or returned to active status after expiration of such period may have this accomplished by oral or written notification to Moore County Administration at any time in the period up to two years from date of such application.

IF YOU ARE REFERRED

If you are selected for an interview, the County of Moore will contact you to make the necessary arrangements. Selections are based upon training, experience and demonstrated ability. During any visit with an operating department, you will learn more about specific job openings for which you are being interviewed. Staff will talk with you to determine mutual interest.

The County of Moore supports a drug free workplace. As part of the selection process, final applicants for a permanent position shall

GETTING A JOB

Permanent Staff employees are those employed for more than six calendar months. Permanent full time staff are entitled to all the customary County benefits for this category.

A permanent employee is considered probationary during the first six calendar months of employment.

Temporary staff employees are appointed for twelve calendar months or less. They are not eligible for any insurance and benefits plans and earn neither paid leave nor holidays.

APPLICANT LOG

The County of Moore is an Equal Opportunity / Affirmative Action Employer. The Federal Government requires us to collect and be able to produce data pertaining to each applicant's ethnic background, citizenship and sex, as well as any disability. Please complete the following Applicant Log Information, which will be removed from the application, retained in the County Personnel Department and not forwarded to any employment department. In keeping with the County's status as an Equal Opportunity / Affirmative Action Employer, this information will not be used in making any discussion affecting employment or any personnel action following employment.

Today's Date	Name (Print or Type as on Social Security Card)		Are you a Vietnam Era Veteran? (Vietnam Era begins August 4, 1964)
Month / Year	(Last)	(First) Middle	<input type="checkbox"/> No <input type="checkbox"/> Yes
ETHNIC BACKGROUND		CITIZENSHIP	PHYSICAL OR MENTAL DISABILITY (IF ANY)
<input type="checkbox"/> White (not Hispanic)	Origins in Europe, North Africa, the Middle East, or the Indian subcontinent.	<input type="checkbox"/> Resident Foreign national (Alien who has been admitted for permanent residence (must have Alien Registration Card, Form 1-151)	<input type="checkbox"/> Blind
<input type="checkbox"/> Black (not Hispanic)	Origins in any of the black racial groups	<input type="checkbox"/> Non-resident foreign national (Alien admitted temporarily for specific purposes and periods of time)	<input type="checkbox"/> Deaf
<input type="checkbox"/> American Indian or Alaskan Native	Origins in the original peoples of North America	<input type="checkbox"/> U. S. Citizen	<input type="checkbox"/> Communicative
<input type="checkbox"/> Asian or Pacific Islanders	Origins in the Far East, Southeast Asia, or the Pacific Islands		<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Hispanic	Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.		Other: (Specify) _____
Applicant's Job Interest(s):		This application is in response to (please specify):	
1 _____	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio		
2 _____	<input type="checkbox"/> Employment Security Commission <input type="checkbox"/> TV		
3 _____	<input type="checkbox"/> Personal Referral <input type="checkbox"/> Other: _____		
(Do not complete this section) For Personnel Department Use Only			
County New Hire Date: _____ Type of Appointment <input type="checkbox"/> P <input type="checkbox"/> T Department: _____			

Continuation Sheet - Application for Employment

County of Moore	Social Security Number	Last Name
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Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mon/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mon/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						

Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mon/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mon/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
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If part time, number of hours worked per week:						

Employer:			Address:			
Job Title:			Supervisor's Name:		Telephone Number:	Number Supervised by you:
Date Employed (mon/yr)			Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mon/yr)			List major duties in order of their importance in the job:			
Full time	Years	Months				
Part time	Years	Months				
If part time, number of hours worked per week:						

I certify that I have given true and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information, may be grounds for rejections of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1).

 Signature of Applicant (unsigned applications will not be processed)

 Date